

Correspondence

TO THE EDITOR, *British Journal of Venereal Diseases*

Sir,

Tetracycline treatment for non-specific urethritis

Mr Simopoulos (1977), having drawn attention to the divergent views held regarding the value of tetracycline treatment in non-specific urethritis (NSU), states that these incompatible views suggest that the whole system of investigation devised to validate these views is inappropriate. He suggests criteria which he believes would allow effective evaluation of treatment. These criteria have been in use for many years in this clinic. However the long follow-up was shown to be unnecessary in a study (Fowler, 1970) in which the follow-up was not the one year Mr Simopoulos finds so admirable, but three years, and the long-term findings proved of no help in assessing treatment.

Most of the criteria suggested by Mr Simopoulos were necessary in the past when the aetiology and the natural course of NSU were obscure and we needed treatment for the condition as a whole. It is questionable whether such an approach is still valid. It may be more helpful to try to distinguish the cases in which there is a marker—such as *Chlamydia trachomatis*, *Trichomonas vaginalis*, or the herpes simplex virus—or some other identifiable feature. In this way we may explain the apparently irreconcilable findings that led Weston (1965) to suggest that allergy may have an important aetiological role, Grimble and Amarasuriya (1975) to postulate mixed infections, and Evans (1977) to implicate psychological factors.

References

- Evans, B. A. (1977). The role of tetracyclines in the treatment of non-specific urethritis. *British Journal of Venereal Diseases*, 53, 40-43.
- Fowler, W. (1970). Studies in non-gonococcal urethritis therapy. The long-term value of tetracycline. *British Journal of Venereal Diseases*, 46, 464-468.
- Grimble, A. S., and Amarasuriya, K. L. (1975). Non-specific urethritis and the tetracyclines. *British Journal of Venereal Diseases*, 51, 198-205.
- Simopoulos, J. Ch. (1977). Tetracycline treatment for non-specific urethritis. *British Journal of Venereal Diseases*, 53, 230-232.

Weston, T. E. T. (1965). An allergic basis for non-specific urethritis. *British Journal of Venereal Diseases*, 41, 107-116.

Yours faithfully,

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TO THE EDITOR, *British Journal of Venereal Diseases*

Sir,

In his paper (Simopoulos, 1977) Mr Simopoulos questions our arithmetic concerning the number of defaulters in the first week of surveillance. Perusal of the fourth columns of Tables II and III of our paper (Masterton and Schofield, 1972) will confirm that our statements concerning last attendances before subsequent default are correct:

Day	Subsequent default (Table II) (Table III)	
2	16	17
4/5	3	12
8	4	8
Totals	23	37

We fail to see how these figures could be taken to 'incline the reader to caution' in accepting our results.

Mr Simopoulos also chides us for not having used a placebo in the trial. We do not believe it ethical to deny treatment to patients who have a potentially sexually transmissible disease with known complications. We always use the results of our previous drug trials, in all of which the same protocol was used, as controls for our current drug trial. The results are therefore comparable.

References

- Masterton, G., and Schofield, C. B. S. (1972). Doxycycline HCl (Vibramycin) as a single dose oral treatment of gonococcal and nonspecific urethritis in men. *British Journal of Venereal Diseases*, 48, 121-125.

Simopoulos, J. Ch. (1977). Tetracycline treatment for non-specific urethritis. *British Journal of Venereal Diseases*, 53, 230-232.

Yours faithfully,

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TO THE EDITOR, *British Journal of Venereal Diseases*

Sir,

The paper by Simopoulos (1977) deserves comment. We agree that there are flaws, some of them serious, in studies which have been carried out to determine the effectiveness of tetracyclines in the treatment of non-specific urethritis. However, the author concludes among other points that studies should be placebo-controlled and should have a prolonged follow up period. There is no doubt that tetracycline treatment is effective, at least over the short term. Placebo-controlled studies in the past (Csonka, 1965), including those that have taken into account the microbiological aspects (Holmes *et al.*, 1967; Prentice *et al.*, 1976), have shown this to be so. It is therefore clear that to deny treatment to patients in a placebo-controlled study would now raise severe ethical problems. Furthermore, the sexual activity of patients cannot be accurately monitored over a long period unless there are most unusual circumstances (for example, aircraft carriers, Antarctica). There is, therefore, no question that it is difficult, indeed impossible, to judge the results of treatment over a long time, since reinfections are not only prone to interfere (Lassus *et al.*, 1971), but do. It seems to us that these factors are vital in the interpretation of any antibiotic study. We do not believe that the author's criticism of other workers' studies helps to reveal anything that is not already appreciated, and we feel that in his comments about placebos and follow-up he shows a remarkable lack of appreciation of the problems.

References

- Csonka, G. W. (1965). Non-gonococcal urethritis. *British Journal of Venereal Diseases*, 41, 1-8.
- Holmes, K. K., Johnson, D. W., and Floyd, T. M. (1967). Studies of venereal disease. III. Double-blind comparison of tetracycline hydrochloride and placebo in treatment of nongonococcal urethritis. *Journal of the American Medical Association*, 202, 474-476.
- Lassus, A., Perko, R. L., Stubb, S., Mattila, R., and Jansson, E. (1971). Doxycycline treatment of nongonococcal urethritis with special reference to T-strain mycoplasmas. *British Journal of Venereal Diseases*, 47, 126-130.
- Prentice, M. J., Taylor-Robinson, D., and Csonka, G. W. (1976). Non-specific urethritis. A placebo-controlled trial of minocycline in conjunction with laboratory investigations. *British Journal of Venereal Diseases*, 52, 269-275.
- Simopoulos, J. Ch. (1977). Tetracycline treatment for non-specific urethritis. *British Journal of Venereal Diseases*, 53, 230-232.

Yours faithfully,

D. Taylor-Robinson,
M. J. Warrell,
G. W. Csonka

TO THE EDITOR, *British Journal of Venereal Diseases*

Sir,

Anal canal versus rectal wall sampling

In Dr Deheragoda's paper (Deheragoda, 1977) he reached the conclusion that rectal wall sampling should be confined to first visits and to patients with symptoms, but he does not seem to be justified by the results. Such information as he gives regarding male and female patients suggests that each year his department will miss up to 20 cases of gonococcal proctitis. Imitation of his proposals nationally and internationally, at a time when selective media and productive sampling of the rectum and pharynx are improving the control of gonorrhoea, would appear to be retrograde. Now that β -lactamase producers threaten serious problems it would not seem to be in the best interests of public health to miss cases of rectal infection.

Dr Deheragoda's recommendation engenders in me a sense of *déjà vu*. Many of us have spent much of our lives trying to bring doctors to a recognition that vaginal sampling is not the best way to diagnose gonococcal endocervicitis. It was said of high vaginal samples what is now said of anal canal samples—'they are reliable, easy to perform, and not distressing to the patient'.

I hope most sincerely that the department of genitourinary medicine at Charing

Cross Hospital will dissociate itself from these ideas and continue to be one of the United Kingdom's leading departments.

Reference

- Deheragoda, P. (1977). Diagnosis of rectal gonorrhoea by blind anorectal swabs compared with direct vision swabs taken via a proctoscope. *British Journal of Venereal Diseases*, 53, 311-313.

Yours faithfully,

R. S. Morton

TO THE EDITOR, *British Journal of Venereal Diseases*

Hepatitis B antigen and antibody in a male homosexual population

Sir,

Coleman *et al.* (1977) are to be congratulated on their detailed study of the incidence of hepatitis B antigen and antibody in the serum of 600 male homosexual patients, but it is difficult to accept their conclusion that there was little correlation between these indices of infection by the hepatitis B virus and a previous history of hepatitis, jaundice, or liver disease. The figures which they give can be compounded into the following table, which demonstrates a very strong correlation indeed between serological evidence of hepatitis B infection and a positive clinical history:

	History of jaundice, hepatitis, or liver disease		No history	Total
HBs Ag or IOEP-detectable				
HBs Ab	10	54	64	
Neither	18	518	536	
Total	28	572	600	

$$\chi^2 = 19.34 \quad P < 0.0005$$

Furthermore, the authors state that the sera of 85 patients negative for HBs Ag and HBs Ab by routine methods were tested for antibody by radioimmunoassay (RIA) and three of them were found to have both antibody and a history of jaundice or hepatitis. If this proportion is representative of the whole series, it follows that among the 536 patients who

were negative for HBs Ag and immunoelectrophoresis—detectable HBs Ab there may well have been as many as 19 in whom the presence of RIA detectable HBs Ab coincided with a history of jaundice or hepatitis.

These 19, together with the 10 patients with a positive history and positive routine tests are sufficient to account for all the 28 patients in the series with a history of jaundice or hepatitis, so that it is likely that serological evidence of hepatitis B infection would have been found in every patient with a positive clinical history if the whole series had been tested for antibody by RIA. Finally, if the results of RIA testing of part of the series are extrapolated to the whole series it may be calculated that 42% of these men, almost all of whom had in all probability been exposed to the virus, probably had serological evidence of infection, and 11% of these had had a clinically apparent infection. This shows the extent to which the virus is dangerous, at any rate when acquired by homosexual means, and this to me is the main interest of this informative series.

Reference

- Coleman, J. C., Waugh, M., and Dayton, R. (1977). Hepatitis B antigen and antibody in a male homosexual population. *British Journal of Venereal Diseases*, 53, 132-134.

Yours faithfully,

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Notice

MSSVD Student Prize

The paper that won the MSSVD Student Prize competition in 1977 appears on page 160. This was the first year of this competition. The judges had great difficulty in choosing one of the seven entries, but used the following criteria:

1. The observations on which the report was based, appeared to have been made by the entrant alone.
2. The methods used to make the observations were of a high standard.
3. The report was clearly and concisely written.

It is hoped that by publishing these criteria future entrants will be helped.